Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Bu	<u> </u>	TELEPH	he Co	NPANT
Alternative Name(s) of Service Provider (i provider is doing business):	aclading	all names t	under which	h the servi
Address of Service Provider: PO BOX	9 , BA	each,	MI U	9908
Name of Agent Designated to Receive \ Notification of Claimed Infringement:	SP S	DUCHO SK		
Full Address of Designated Agent to which	Notificat	tion Should	be Sent (P.O. Box
or similar designation is not acceptable except where it is location):				
PO BOX 9, BARAGA	· MI	BARAGA	- M.l.	49908
Telephone Number of Designated Agent:	906	353	664	1
Facsimile Number of Designated Agent:	906	353	755	٠٥
Email Address of Designated Agent. des	anated.	agent (2 up. n	<u>e</u> +
Signature of Officer of Representative of the	Designation	•	Provider:	
Types or Printed Name and Title:				
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Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.



RECEIVED

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